

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000044326

1. Entity Name
NORTH MIAMI DENTAL, INC.



FILED
10 MAY 17 PM 4:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
610 NE 124TH STREET
NORTH MIAMI, FL 33161

Mailing Address
610 NE 124TH STREET
NORTH MIAMI, FL 33161

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05062010

Chg-P

CR2E034 (11/08)

4. FEI Number
65-0497669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARROCCO, JOSEPH
610 NE 124TH STREET
NORTH MIAMI, FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPS
MARROCCO, JOSEPH
STREET ADDRESS
610 NE 124TH ST
CITY - ST - ZIP
NORTH MIAMI, FL 33161 ☐ Delete

TITLE
NAME
VP
MARROCCO, RONALD
STREET ADDRESS
610 NE 124TH STREET
CITY - ST - ZIP
NORTH MIAMI, FL 33161 ☐ Delete

TITLE
NAME
S
MARROCCO, EMMA
STREET ADDRESS
610 NE 124TH STREET
CITY - ST - ZIP
NORTH MIAMI, FL 33161 ☐ Delete

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100180473151
05/06/10--01011--020 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/10

Daytime Phone #

5/17/10